

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
HOUSING AND ENVIRONMENTAL CONTROL

PERMIT NUMBER

APPLICATION FOR PERMIT FOR SOLID WASTE
DISPOSAL OR FOR PROCESSING FACILITIES

133247

SEE INSTRUCTIONS ON REVERSE.

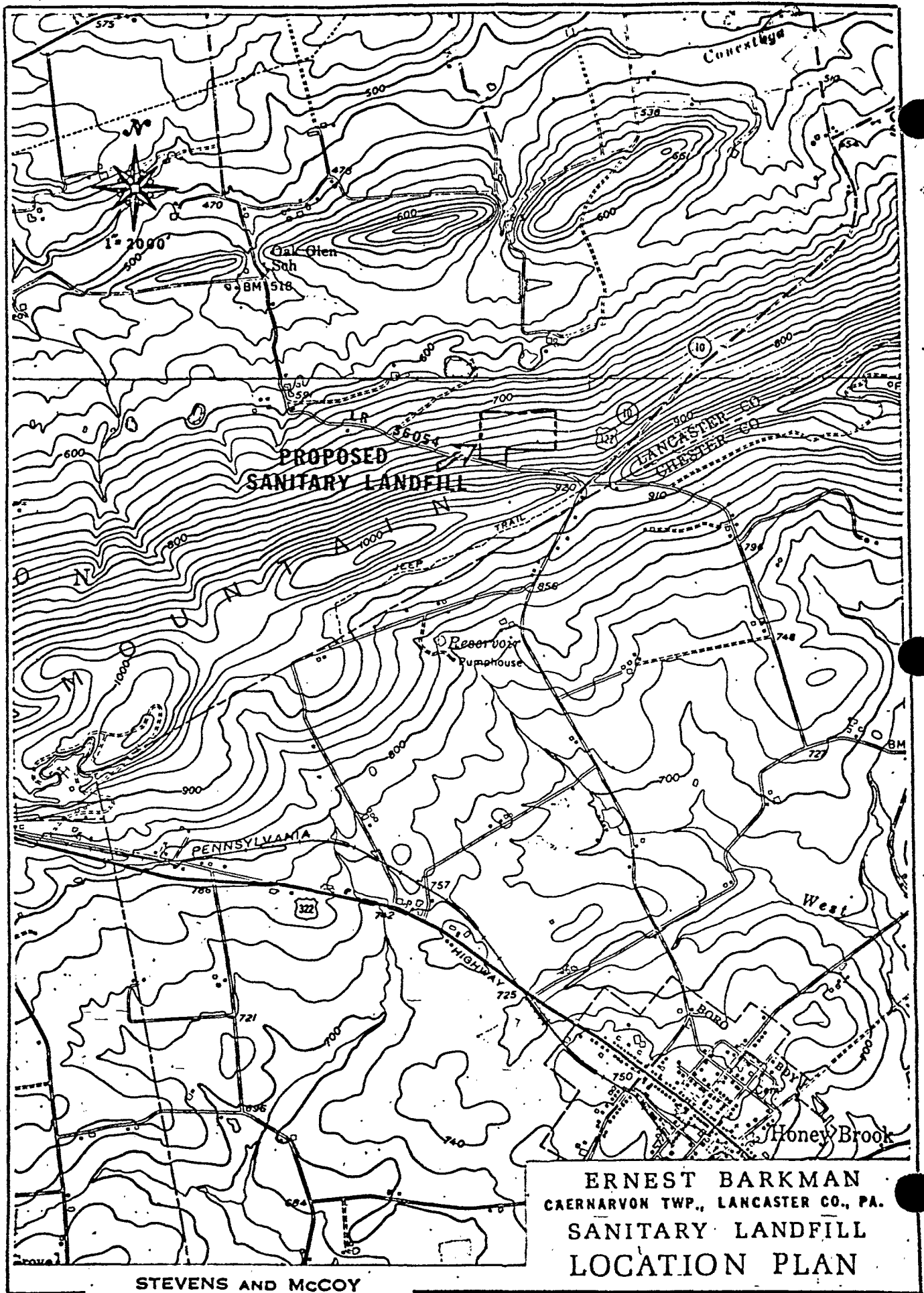
1. APPLICANT (Name and Address) Ernest Barkman R.D. #1 Honeybrook, Pa. 19344 TELEPHONE NUMBER 286-5836	2. AUTHORIZED AGENT (Name and Address) Ernest Barkman R.D. #1 Honeybrook, Pa. 19344 TELEPHONE NUMBER 286-5836																																																											
3. PROPERTY OWNER (Name and Mailing Address) Ernest Barkman R.D. #1 Honeybrook, Pa. 19344	4. TYPE OF OPERATION Sanitary Landfill □□																																																											
6. LOCATION OF SITE <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><th colspan="8">MEASURED FROM SOUTHEAST CORNER</th></tr> <tr> <th colspan="4">NORTH</th><th colspan="4">WEST</th></tr> <tr> <th>INCHES</th><th>FRAC. IN.</th><th>INCHES</th><th>FRAC. IN.</th><th>INCHES</th><th>FRAC. IN.</th><th>INCHES</th><th>FRAC. IN.</th></tr> <tr> <td>2</td><td>2</td><td>1</td><td>8</td><td>0</td><td>7</td><td>1</td><td>8</td></tr> <tr> <th colspan="2">MAP NUMBER</th><th colspan="2">LATITUDE</th><th colspan="4">LONGITUDE</th></tr> <tr> <td>0</td><td>5</td><td>8</td><td>6</td><td>4</td><td>7</td><td>5</td><td>5</td><td>1</td><td>4</td><td>W</td><td>0</td><td>4</td><td>0</td><td>0</td><td>7</td><td>2</td><td>2</td><td>N</td></tr> </table>	MEASURED FROM SOUTHEAST CORNER								NORTH				WEST				INCHES	FRAC. IN.	INCHES	FRAC. IN.	INCHES	FRAC. IN.	INCHES	FRAC. IN.	2	2	1	8	0	7	1	8	MAP NUMBER		LATITUDE		LONGITUDE				0	5	8	6	4	7	5	5	1	4	W	0	4	0	0	7	2	2	N	5. NAME OF SITE Barkman Landfill (Proposed)
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7. SOIL TESTS CONDUCTED BY Test pits dug - Pending Department of Health review. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DATE <table style="display: inline-table; border-collapse: collapse;"><tr><td>MO</td><td>DA</td><td>YR</td></tr><tr><td>□</td><td>□</td><td>□</td></tr></table> <input type="checkbox"/> N/A	MO	DA	YR	□	□	□	8. ENGINEERING PLANS PREPARED BY Preliminary <input checked="" type="checkbox"/> Yes Stevens and McCoy, Inc. <input type="checkbox"/> No Wyomissing, Pa. 19610 <input type="checkbox"/> N/A DATE <table style="display: inline-table; border-collapse: collapse;"><tr><td>MO</td><td>DA</td><td>YR</td></tr><tr><td>□</td><td>□</td><td>□</td></tr></table>	MO	DA	YR	□	□	□																																															
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9. SOLID WASTE MANAGEMENT PLAN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. APPLICANT/AUTHORIZED AGENT (Signature) <div style="text-align: right;"> MO DA YR 04-17-70 </div>																																																											
BONDING COMPANY (Name and Address) 	AGENT LICENSE NUMBER BOND VALUE 																																																											

FOR DEPARTMENT OF HEALTH USE ONLY

DATE RECEIVED <table style="display: inline-table; border-collapse: collapse;"><tr><td>MO</td><td>DA</td><td>YR</td></tr><tr><td>□</td><td>□</td><td>□</td></tr></table>	MO	DA	YR	□	□	□	DATE OF SITE SURVEY <table style="display: inline-table; border-collapse: collapse;"><tr><td>MO</td><td>DA</td><td>YR</td></tr><tr><td>□</td><td>□</td><td>□</td></tr></table>	MO	DA	YR	□	□	□	<table style="width:100%;"> <tr> <td>TOPO MAP</td> <td><input type="checkbox"/> COMPLETE</td> <td><input type="checkbox"/> INCOMPLETE</td> </tr> <tr> <td>SITE PLAN</td> <td><input type="checkbox"/> COMPLETE</td> <td><input type="checkbox"/> INCOMPLETE</td> </tr> <tr> <td>DESIGN PLAN</td> <td><input type="checkbox"/> COMPLETE</td> <td><input type="checkbox"/> INCOMPLETE</td> </tr> </table>	TOPO MAP	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	SITE PLAN	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	DESIGN PLAN	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
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DESIGN PLAN	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE																					
<input type="checkbox"/> SUITABLE <input type="checkbox"/> UNSUITABLE																							

LIMITATIONS AND RESTRICTIONS

REVIEWING OFFICER (Signature) 	TITLE 	DATE APPROVED MO DA YR □-□-□ 100001
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STEVENS AND MCCOY
CONSULTING ENVIRONMENTAL ENGINEERS
8024-00-A-001

ERNEST BARKMAN
CAERNARVON TWP., LANCASTER CO., PA.
SANITARY LANDFILL
LOCATION PLAN

100002

ORIGINAL
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100003